

10/580914

AP20 Rec'd PCT/PTO 30 MAY 2006

Application Data Sheet

**Application Information**

|                                     |                                                                                                          |
|-------------------------------------|----------------------------------------------------------------------------------------------------------|
| Application Type::                  | Regular                                                                                                  |
| Subject Matter::                    | Utility                                                                                                  |
| Suggested Classification::          |                                                                                                          |
| Suggested Group Art Unit::          |                                                                                                          |
| CD-ROM or CD-R?::                   | None                                                                                                     |
| Number of CD disks::                |                                                                                                          |
| Number of Copies of CDs::           |                                                                                                          |
| Sequence Submission?::              | None                                                                                                     |
| Computer Readable Form (CRF)::      | No                                                                                                       |
| Number of copies of CRF::           | 0                                                                                                        |
| Title::                             | METHOD AND DEVICE FOR STERILE<br>PACKAGING OF A READY-TO-USE<br>FLEXIBLE HYDROPHILIC<br>INTRAOCULAR LENS |
| Attorney Docket Number::            | 0509-1104                                                                                                |
| Request for Early<br>Publication?:: | No                                                                                                       |
| Request for Non-Publication?::      | No                                                                                                       |
| Suggested Drawing Figure::          |                                                                                                          |
| Total Drawing Sheets::              |                                                                                                          |
| Small Entity?::                     | No                                                                                                       |
| Latin Name::                        |                                                                                                          |
| Variety Denomination Name::         |                                                                                                          |
| Petition Included?::                | Yes                                                                                                      |
| Petition Type::                     | 37CFR §1.137(b) PETITION TO<br>REVIVE                                                                    |
| Licensed US Gov't Agency::          |                                                                                                          |
| Contract or Grant Numbers::         |                                                                                                          |
| Secrecy Order in Parent<br>Appl.?:: | No                                                                                                       |

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: CHRISTIAN  
Middle Name::  
Family Name:: MAURAN  
Name Suffix::  
City of Residence:: SAINT JEAN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 53 CHEMIN BESSAYRE  
Address::  
City of Mailing Address:: SAINT JEAN  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-31240

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: MATHIEU  
Middle Name::  
Family Name:: GUILLAUME  
Name Suffix::  
City of Residence:: ANNECY LE VIEUX  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 2 ALLEE FRANCOIS VILLON  
Address::  
City of Mailing Address:: ANNECY LE VIEUX

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-74940

**Correspondence Information**

Correspondence Customer 00466

Number::

**Representative Information**

|                         |       |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number::                |       |

**Domestic Priority Information**

|                  |                      |                         |                         |
|------------------|----------------------|-------------------------|-------------------------|
| Application::    | Continuity<br>Type:: | Parent<br>Application:: | Parent Filing<br>Date:: |
| This application | National Stage of    | PCT/FR2003/003575       | 12/3/03                 |
|                  |                      |                         |                         |

**Foreign Priority Information**

|           |                         |               |                       |
|-----------|-------------------------|---------------|-----------------------|
| Country:: | Application<br>Number:: | Filing Date:: | Priority<br>Claimed:: |
| FRANCE    | 02/15294                | 12/4/02       | Yes                   |

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::